

TERMINATION NOTICE

Company _____

Employee Name _____

Date _____

We regret to notify you that your employment with _____ shall be terminated on _____, 20_____, because of the following reasons:

Your final paycheck will be for the period ending _____

Severance pay shall be in accordance with company policy. Any insurance benefits shall continue in accordance with applicable law and/or provisions of our personnel policy. You may be entitled to other accrued benefits.

Please contact _____, at your earliest convenience, who will explain each of these items and arrange with you for the return of any company property.

We sincerely regret this action is necessary.

Very truly,

SIGNATURE

TITLE

DATE